

2521 AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/830082**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	5		/			
7	3		/			
8	3		/			
9	70		/			
10	80		/			
11	80		/			
12	80		/			
13	80		/			
14	80		/			
15	80		/			
16	80		/			
17	80		/			
18	80		/			
19	80		/			
20	80		/			
21	80		/			
22	80		/			
23	80		/			
24	80		/			
25	80		/			
26	80		/			
27	80		/			
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	/		/			
TOTAL DEP.	38	↔	23	↔		
TOTAL CLAIMS	39	[REDACTED]	24	[REDACTED]	[REDACTED]	[REDACTED]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.				↓		
TOTAL CLAIMS				↓		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS